

**\*Personal privacy information\***

**Voluntary Industry Reporting Form for 6(a)(2) Adverse Effects Incident Information**

Provide all known, required information. If required data field information is unknown, designate as such in appropriate area. Page # 1 of 3

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Row 1	Reporter name: <div style="background-color: black; width: 100px; height: 1.2em;"></div>	Submission date: <b>06/28/2012</b>	Contact person (if different than reporter)	Internal ID <b>1-30235653</b>
Administrative Data	Address:  <b>Georgia</b>		Address:	
	Phone #: <div style="background-color: black; width: 100px; height: 1.2em;"></div>		Phone #:	
	Incident Status:  <b>New</b>	Location and date of incident <b>Georgia</b> <b>Chronic</b>	Date registrant became aware of incident: <b>5/24/2012</b>	Was incident part of larger study?
Row 2	EPA Registration # (Product 1)	EPA Registration # (Product 2)	EPA Registration # (Product 3)	
Pesticide(s) Involved	A.I. (s)  <b>Abamectin, thiamethoxam, azoxystrobin, fludioxonil, mefenoxam</b>	A.I. (s)	A.I. (s)	
	Product 1 Name  <b>Avicta Complete Pak</b>	Product 2 Name	Product 3 Name	
	Exposed to concentrate prior to dilution? <b>NA</b>	Exposed to concentrate prior to dilution?	Exposed to concentrate prior to dilution?	
	Formulation - <b>Liquid</b>	Formulation	Formulation	
Row 3	Evidence label directions were not followed? <b>Yes</b> Intentional misuse? <b>No</b>	Incident site: (examples include home, yard, school, industrial, nursery/greenhouse, surface water, commercial turf, building/office, forest/ woods, agricultural (specify crop) right-of-way (rail, utility, highway))  <b>Farm</b>	Situation: (act of using product): (examples include mixing/loading, reentry, application, transportation, repair/ maintenance of application equipment, manufacturing/ formulating)  <b>See Description Notes</b>	
Incident Circumstances	Applicator certified PCO? <b>Not applicable</b>			
	How exposed: (examples include direct contact with treated surface, ingestion, spill, drift, runoff)  <b>See Incident Description</b>			

**5/24/2012 8:39:03 AM Avicta complete cotton**

**The caller had difficulty conveying product information but described listed AI as: Cruiser, Dynasty , and abamectin. This description fits the formulation of Avicta Complete Pak**

**HX: The caller revealed a 20 YO male was working with the product intermittently over the last week or two. He was taken to the local emergency room three days ago due to a hemorrhage in his throat (tonsils) he was held for observation but not admitted. The caller stated he may need to go back to have his tonsils removed. The caller asked if inhalation, skin, or eye contact would be expected to elicit the SXS seen. He was unable to describe a discreet exposure when asked. He reports he just wanted to be sure . He reported " these younger ones are hard headed" in reference to their reluctance to use PPE.**

**A: The caller was advised that he was correct PPE should be used, but that exposure by the routed described would not be expected to yield the SXS seen. The youth will want to follow up with the doctor for a diagnosis/treatment.**

**The caller cut short the call seemingly in a hurry. He stated he would call back if he needed additional information**



# Voluntary Industry Reporting Form for 6(a)(2) Incident Information Involving Humans

Provide all known, required information. If required data field information is unknown, designate as such in appropriate area. Page # 3 of 3

Demographic information Age: <b>20 Years</b> Sex: <b>Male</b> Occupation: (if relevant)	Exposure route: <b>Unknown</b>	Was adverse effect result of suicide/homicide or attempted suicide/homicide? <b>No</b>	Was protective clothing worn (specify)? <b>No – correct PPE not worn</b>
If female, pregnant? <b>Did not query</b>	Was exposure occupational? <b>No</b> If yes, days lost due to illness:	Time between exposure and onset of symptoms: <b>See Symptoms</b>	
Type of medical care sought: (examples include none, clinic, hospital emergency department, private physician, PCC, hospital inpatient). <b>HCF</b>	List signs/symptoms/adverse effects.  <b>Other Gastrointestinal - hemorrhage in his throat (tonsils), Unable to determine;</b>		If lab tests were performed, list test names and results (If available, submit reports).  <b>Not Reported</b>
Exposure data: Amount of pesticide: Exposure duration: Weight:			
Human severity category: <b>HC</b>			

This box can be used to provide any explanatory or qualifying information surrounding the incident. (add additional pages if necessary)

Internal ID #  
**1-30255653**